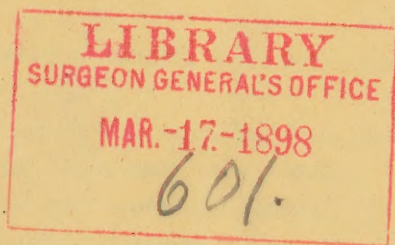


Briggs (Chs. S.)

Report of operations at
private surgical infirmary
during season 1896-7-





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REPORT OF OPERATIONS AT PRIVATE SURGICAL
INFIRMARY DURING SEASON 1896-1897.

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During the season extending from September 1, 1896, to July 15, 1897, there have been admitted into the Infirmary one hundred and twenty-six patients. Of this number, six have died, one from erysipelas, one from uræmic poisoning, one from acute Bright's disease, one from cerebral tumor, one from exhaustion following gastrostomy, and one from sepsis, induced by degenerative changes in ovarian cystoma. The cases operated on and reported embrace, as may be seen, a very extended range of surgery, several presenting features of rare occurrence. A point of not inconsiderable interest is the fact that anæsthesia was in most cases produced by the A. C. E. mixture, in which careful attention was given to the amount required, record having been made in each case. A report of the results will be presented in a future number.

CASE NO. 1.—*Alexander's Operation for Marked Retroversion.* Mrs. S. E. C., age 30, Harper, Ks. Entered September 1, 1896; dismissed October 6, 1896. Retroversion of the third degree, headache, backache, leucorrhœa, endometritis, etc.

Alexander's operation for shortening the round ligaments. Incisions were made in the line of the inguinal canals of about two inches in length, opening freely the inguinal canals; the

ligaments were found without difficulty and anchored to the external ring with chromatized cat-gut. The wounds were closed with silkworm-gut sutures. The wounds healed superficially, but suppuration from the deeper parts required opening; nevertheless, the ligaments held, and the result was very good.

CASE NO. 2.—*Large Sarcoma of Back.* Entered September 4, 1896; dismissed September 21, 1896. H. P. G. presented a tumor of large size and rapid growth; had acquired the size of a water-bucket, and had begun to ulcerate, causing alarming hemorrhages. These were controlled by compresses, but recurred each time the compresses were removed. The tumor was situated on the left side of his back, and required for its removal an incision extending from the spine of the scapula to the crest of the ilium. The hemorrhage during the operation was slight, and the tumor was removed without any great difficulty. The incision was closed with worm-gut sutures, and healed by first intention, except at one point, where a little recurrence of hemorrhage had taken place.

The patient was seen several months after he left the Infirmary, and an examination disclosed several nodules near the cicatrix. Removal was advised, but the patient delayed, and when last seen the growth had acquired nearly the size of the former one. Operation was refused on account of general infection. Died a few weeks afterwards.

CASE NO. 3.—*Phelps' Operation for Club-Foot.* W. E. F., age 13 months, Franklin, Tenn. Entered September 9, 1896; dismissed October 17, 1896. Talipes varus of left foot had been treated by subcutaneous tenotomy, and, though the foot could be manipulated into the normal position, the deformity returned promptly as soon as the foot was released. Phelps' method was used, and all resisting structures were severed and the joint opened freely. A plaster of Paris splint was applied, and worn until the wound healed, when it was replaced by a light steel brace. The result six months after operation was good.

CASE NO. 5.—*Volkman's Operation for Hydrocele.* Mr. J. H. P., age 42, Mt. Juliet, Tenn. Entered September 6, 1896; dismissed October 6, 1896.

This patient had been operated on for the relief of strangulated femoral hernia about eight months previously, the wound healing nicely, but afterwards discharged a small amount of pus and continued to run, the abscess cavity contracting to a sinus which refused to heal. This condition was believed to be kept in existence by the presence of a hydrocele of that side, which dragged on the wound. Volkman's operation was performed. The sac was found very much thickened, and was very tough, and contained a dark, heavy, oily fluid of the color and consistence of chocolate. Part of sac was dissected out. The sac was stitched to the skin around the entire wound, and the cavity packed with gauze, which was removed after a few days. The wound healed nicely, and the sinus closed in a short time.

CASE NO. 7.—*Carcinoma of Breast.* Mrs. S. D., age 32, New Decatur, Ala. Entered September 10, 1896.

The right breast had been removed previously for a carcinomatous growth, and in the cicatrix left, a recurrence had taken place; there was no glandular involvement.

The left breast was removed by free incision, and the nodules from the cicatrix were also removed, sacrificing the pectoralis-major muscle and considerable skin. The wound of the left side was closed with silkworm-gut sutures, and that of the right side was left to fill by granulation. The left wound healed nicely, but after a week began discharging a pure oil. The right side granulated nicely. There were two or three isolated nodules on the right side not conveniently located, and it was thought best to remove these with Marsden arsenical paste. This was applied, bearing in mind the danger of applying it to a space of more than a square inch. On the fourth day after this application the wound of the left side showed a marked dermatitis, which spread rapidly to the shoulder and arm. The patient became very restless, nauseated, and finally delirious, being controlled with difficulty, and on October 22nd she became worse and died.

CASE NO. 10.—*Chronic Periostitis.*—R. M., age 15, Cadiz, Ky. Entered September 12, 1896; dismissed October 8, 1896.

The patient gave every evidence of rachitis; the enlargement of the joints was especially noticeable. The tibiæ were

both much thickened, curved forward, and very sensitive to pressure, paining a great deal at night. Incisions were made, exposing the bone; the periosteum was very much thickened, and was freed from the bone easily; openings were made through the bone into the medullary cavities. There was no pus. The wounds were both closed without drainage, and healed without accident. The patient was entirely relieved of the pain and tenderness.

CASE NO. 16.—*Operation for Deformity of Nose.* Claude R., age 15, Columbus, Miss. Entered October 6, 1896; dismissed October 21, 1896.

This patient had his nose broken several years before, and the resulting deformity was very great; the bridge was depressed and the tip was elevated, thus changing entirely his countenance. As a preliminary measure, both posterior nares were plugged. An incision was made in the long axis of the nose, the nasal bones exposed, and a dental saw used to cut the bones through the site of fracture; this done, the bones were elevated by loosening them at the frontal suture, and the cartilages were then severed sufficiently to admit the use of scissors to free the septum. Some difficulty was experienced in endeavoring to overcome the tilt of the tip; this could not be done until free incisions were made through the lateral cartilages. The wound was closed with silk sutures, and healed by first intention. On the second day the patient suffered from epistaxis, which was controlled with difficulty. The swelling disappeared at the end of a week. The deformity was not entirely removed, but the change made a vast improvement in the boy's looks.

CASE NO. 18.—*Aneurism of the Abdominal Aorta.* E. M. W., age 32, New Decatur, Ala. Entered October 13, 1896; dismissed December 24, 1896.

Nephrorrhaphy had been performed last season, but, on account of the continuance of pain, the patient returned for further examination, which disclosed an aneurism of the abdominal aorta close to the origin of the renal arteries. Tufnell's plan was followed closely for two months, with but slight improvement. At the end of this time, he went home, promising to continue the treatment there. This he did not do; but visited New York, and was found dead in his room at a hotel.

CASE NO. 19.—*Old Stricture of Urethra; Perineal Fistula.* R. H. P., age 33, Springfield, Tenn. Entered October 14, 1896; died November 13, 1896.

This patient had suffered many years from a stricture of the urethra, numerous fistulæ having formed, through which he passed his urine. There was also an abscess in right inguinal region, of large size, which had evacuated itself a number of times, and was still discharging urine and pus. The opening into this was enlarged, and the cavity thoroughly evacuated. After some difficulty, a filiform guide was introduced into the bladder through the stricture and retained twenty-four hours, when, under chloroform, a divulser was carried into the bladder, and the stricture stretched sufficiently to receive a No. 12 American sound. The patient had a very severe urethral chill afterward, and chills occurred for several days, when the patient's bowels became very irritable. Perirectal abscess formed and was evacuated. Patient gradually grew worse, sank into a typhoid condition, and died.

CASE NO. 20.—*Bassini's Operation for the Radical Cure of Inguinal Hernia.* R. W. C., age 17, West Fork, Ky. Inguinal hernia of right side.

Bassini's operation was performed. The sac was ligated with silk; cat-gut was used for the buried sutures and silk-worm-gut for the superficial wound. Union at the suture line took place promptly, but there was some considerable oozing of blood, which required evacuation. There was no pus at any time.

CASE NO. 21.—*Perineorrhaphy and Trachelorrhaphy.* Mrs. L. L., age 34, resident of this city; mother of three children. Entered October 20, 1896; discharged November 16, 1896.

Slight laceration of external parts, bilateral cervical laceration. Uterine hypertrophy considerable; marked prolapse of womb and aggravated cervical endometritis, necessitating a resort to local treatment for reducing hyperæmia at intervals during every year. After several weeks of preparatory treatment, under ether, thorough curettage was done, after which the cervix was repaired with chromitized cat-gut sutures, three on one side and four on the other, and the perineal laceration repaired after the method of Doleris. A perfect result fol-

lowed in both operations, the patient leaving the Infirmary three weeks afterwards, entirely restored.

CASE NO. 22.—*Ununited Fracture of Both Bones of the Leg.* Blanche W., age 5, Paint Rock, Ala. Entered November 4, 1896; dismissed December 1, 1896.

This patient had fractured her leg five months previously, and union failed, leaving an angular deformity, which completely destroyed the usefulness of the limb. The lower fragments were placed almost at right angles to the upper. An incision was made over the seat of fracture, and an effort was made to straighten the leg, but this could not be done until the ends of the fragments were cleared and beveled off; even then the muscles had become so shortened that the leg could not be pulled to full length. The ends of the bones having been beveled to fit accurately, a hole was bored through both bones, and a heavy kangaroo tendon used to bind the bones firmly together. The wound was closed without drainage, and the leg confined in a plaster of Paris splint. The patient returned home before union was complete.

CASE NO. 33.—*Volkman's Operation; Castration.* J. D. C., age 30, Henrietta, Tenn. Entered November 5, 1896; dismissed November 28, 1896.

This patient had been suffering some time from a hydrocele of the right side. Volkman's operation was begun, but on opening the sac and examining the testicle, it was found so badly diseased that it was removed, together with the sac, and the wound closed without drainage. The wound healed by first intention. The patient suffered a great deal from enlargement of the prostate gland, which caused retention.

CASE NO. 25.—*Perineorrhaphy and Trachelorrhaphy.* Mrs. L. J., age 37, Nashville, Tenn. Entered November 19, 1896; dismissed January 3, 1897.

The patient was the mother of seven children, and had been in bad health for several years. Old cervical laceration and partial perineal tear, with usual accompaniments of such conditions. Preparatory treatment at home for several weeks. Operation November 23rd, under A. C. E. mixture. Cervical tear repaired with chromatinized cat-gut sutures on both sides. The perineal laceration was closed after the method of Doleris

with silkworm-gut sutures. Preliminary to the trachelorrhaphy, curettage of uterus was done, and the cavity packed with iodoform gauze. On the third day acute delirium indicated iodoform intoxication. Boracic acid was substituted for iodoform, and the delirium gradually subsided. The patient proceeded rapidly to convalescence, the result in both operations being perfect.

CASE NO. 26.—*Chronic Appendicitis*. J. D. McK., age 23, Humboldt, Tenn. Entered November 22, 1896; dismissed December 23, 1896.

The patient had suffered from several severe attacks of appendicitis; the last one in August. An incision two inches in length was made over McBurney's point; the peritoneum was thickened, and the adhesions were so strong as to resemble a solid cicatrix. The appendicitis was freed with much difficulty; had perforated at some previous attack. Some fetid pus and an enterolith were found outside of appendix. The appendix was ligated and removed. The wound was left to heal by granulation. On the fourth day it was found that the stump of the appendix had sloughed off at the ligature, allowing fecal matter to escape, which condition persisted for three weeks, when the fistula closed, and the wound filled rapidly.

CASE NO. 29.—*Internal Urethrotomy*. C. W. T., age 29, Woodworth, Tenn. Entered December 3, 1896; dismissed December 9, 1896.

This patient had suffered a great deal from stricture of the urethra, being very nervous and having numerous reflex troubles. Internal urethrotomy was done, and dilatation kept up some time. There was a marked improvement in the reflex troubles.

CASE NO. 30.—*Gastrostomy for Malignant Stricture of the Œsophagus*. Mrs. C. H. S., age 57, McMinnville, Tenn. A malignant stricture of the œsophagus, probably scirrhus; unable to swallow food, and swallowed liquids with difficulty.

The growth was situated behind the larynx, which was not involved. Dilatation was tried, but the stricture proved resilient. A stomach-tube was introduced twice daily, and the patient nourished in this way for three weeks to build up her strength. She suffered great inconvenience on account of in-

ability to swallow saliva, which was in excess. This was controlled nicely by doses of $\frac{1}{100}$ -grain of atropia.

Gastrostomy was performed after the method of Witzel. Patient's pulse a few minutes after the operation was 94 and temperature 98° , and continued good until the beginning of the third day, when the temperature rose to $102\frac{2}{3}^{\circ}$ and the pulse to 130. Nausea was slight at first, and easily controlled, but later became uncontrollable. Morphia, in $\frac{1}{8}$ -grain doses, was administered guardedly, receiving four doses in all. Beginning the third day the pulse became more rapid and respiration slower (12 and 14 to the minute); pupils normal; temperature, $102\frac{2}{3}^{\circ}$. Respiration not improved by atropia. The patient sank into a comatose state and died.

Post mortem showed the wound tight, adhered firmly, with no leakage; stomach filled with the nourishment which had been administered through the tube.

CASE NO. 31.—*Varicocele*. G. T. W., age 29, Johnson's Crossing, Ala. Entered December 7, 1896; dismissed December 23, 1896.

The veins in the left side of scrotum were very much varicosed. Excision was done between two silk ligatures, and the wound closed without drainage. Healed by first intention.

CASE NO. 34.—*Appendicitis*. Mrs. I. C., age 30, Lebanon, Tenn. Admitted December 11, 1896; dismissed December 14, 1896.

This patient was brought to the Infirmary for operation for appendicitis by her physician, Dr. Edgerton. Symptoms of acute appendicitis, with tumor at appendical site, for several days. Bowels had failed to respond for several days, but no symptoms of intestinal obstruction. Temperature, 99° ; pulse, 96. Treatment consisted of hourly doses of sulphate of magnesia until eight doses were taken, followed up by enema of infusion of senna. Copious evacuation of bowels resulted, and all symptoms of appendicitis subsided. Patient was sent home on the third day.

CASE NO. 35.—*Perineal Cystotomy*. G. W. H., age 34, Bellevue, Tenn. Entered December 11, 1896; died December 25, 1896.

The patient had been suffering several years from chronic

cystitis. Examination for stone was made with negative results. There was a stricture and a perineal abscess, which was evacuated by an incision, and the wound thus made was enlarged and carried into the bladder for the purpose of drainage. The bladder was irrigated daily with a boracic-acid solution, and the patient progressed well for several days, the bladder draining well; but the patient became somnolent, and was watched closely to detect if he was using morphine. He gradually grew worse and more somnolent, and sank into a comatose state and died. There was no evidence whatever that he was receiving morphine, though his pupils and respiration indicated it.

CASE NO. 36.—*Amputation of Penis*. T. P., age 38, Thomasville, Tenn. Entered December 12, 1896; dismissed December 18, 1896.

This patient had suffered a great deal from a discharge from beneath the prepuce, which was in a state of phymosis. His physician had circumcised him, and discovered a hard ulcer, which refused to heal, but became worse. Believing it to be malignant, he used caustics, but without success. At this time the growth was as large as a quarter, having all the characteristics of an epithelioma, which it proved to be under the microscope. Amputation was done fully an inch from the growth, two flaps being made; the urethra dissected out and carried through a slit in the upper flap and fastened, silk being used. A catheter was introduced into the bladder and retained forty-eight hours. Union took place rapidly, and the patient returned home the seventh day.

CASE NO. 37.—*Sarcoma of Undescended Testicle*. B. S., age 22, Huntland, Tenn. Entered December 15, 1896; dismissed January 5, 1897.

The tumor, as large as a foetal head, situated in the right inguinal region, was globular, and not movable. The right testicle was missing from the scrotum. There was considerable enlargement of the liver, and also several indurated points in the abdomen. A straight incision was made over the tumor and the inguinal canal opened. The tumor was rather firmly fixed at the outer side, and considerable hemorrhage followed its removal; the bleeding points were found and ligated, and

the wound closed, using a drainage-tube. The drainage-tube was removed on the second day, and healing took place with remarkable rapidity.

CASE NO. 38.—*Carcinoma of Cervix, with Twin Pregnancy; Vaginal Hysterectomy.* Mrs. H. A. T., age 32, Dickson, Tenn.

The patient is the mother of eight children, all living; has always been healthy, until March 7, 1896, when she aborted at the third month of pregnancy. Hemorrhage persisted until July 1st, when it was checked for a few days, but began again, and continued until October 23rd, when Dr. Slayden, of Dickson, was called in. Under treatment with ergot and tincture of iron for ten days, the hemorrhage ceased for one week, recurring with some regularity, increasing each time in severity, until she was brought to the Infirmary by Dr. Slayden, who believed the trouble to be cancerous.

Examination was made December 20th. The cervix was found much enlarged, nodular, ulcerating and bleeding freely; the vaginal walls were free from induration, the growth being confined to the uterus. The uterus was treated by intra-uterine application of iodine and carbolic acid, which controlled the bleeding.

The patient was kept in bed, nourished carefully, and on December 26th the operation of hysterectomy was done, the vaginal route being chosen. On examining again, on account of the increased size of cervix, it was doubted if it could be removed per vaginam; however, it was decided that the attempt be made.

After cauterizing the cervical canal with the Pacquelin cautery and suturing the external os, the uterus was drawn down as far as possible, the usual incisions, anterior and posterior, were made, and the attempt was made to catch the uterine arteries by passing a needle armed with a silk ligature around the artery. On account of the size of the enlarged cervix, it was found impossible to place the ligature, no space being left for the necessary manipulation; therefore, the broad ligament was cut, and the bleeding vessels caught and tied on each side. The finger was introduced into the posterior incision for the purpose of hooking the fundus uteri to bring it

down, when it was found that the body had increased more rapidly than the cervix, and, in trying to tilt the fundus backward by the finger introduced through the anterior incision, an opening was made into the cavity of the womb, and a foetus escaped. The finger introduced discovered another foetus. The uterus, relieved of its burden, became more manageable, and was removed without further difficulty, together with adnexa entire. The wound was closed by two cat-gut sutures carried through the vaginal walls and stump of the broad ligaments. Only a very small amount of blood was lost, and the patient suffered very little from shock.

Three hours after the operation the pulse and temperature were normal. The temperature reached 101° on the second day, after which it remained at 99° ; pulse 90 for two weeks; bowels acted on the third day; sat up on the thirteenth day, and improved rapidly afterward. She returned to Dickson, January 21, 1897.

The striking feature of this case was the twin pregnancy of probably four months' duration. The cancerous condition of the cervix had existed since March 7, 1896, when the patient aborted at the third month, nearly ten months before the operation. It is remarkable that abortion did not occur after the first examination, when the uterine sound was introduced, and also an application of iodine and carbolic acid were made to the cervical canal. The size of the uterus, which was such that it made the operation very difficult, had increased very rapidly during the period of preparation.

The patient returned home very much improved and able to walk, which she had not done for several months. She improved rapidly until May, 1897, when she noticed a blood-stained discharge from the vagina, and returned to the Infirmary for examination, which showed that one of the silk ligatures on the stump of broad ligament had not been cut off short, and some ulceration had taken place. There was no induration of the surrounding tissue, the line of incision being perfectly healthy. The ligature was removed, and the ulceration healed promptly; and, from a recent letter from Dr. Slayden, she is now in perfect health, doing her own work.

CASE NO. 39.—*Operation for Varicocele.* M. W., age 23,

Gordon, Tex. Entered December 28, 1896; dismissed January 9, 1897.

This patient had a large varicocele of the left side, which he stated had been operated upon twice without success. The veins were excised between two ligatures, about an inch being removed, and the wound closed with drainage. The wound suppurated, and healing took place slowly.

CASE NO. 40.—*Circumcision*. W. C. R. F., age 22, Lisbon, La. Circumcision for redundant prepuce. Silk sutures were used; healing took place nicely; stitches removed on the fifth day.

CASE NO. 41.—*Circumcision*. C. T. M., age 21, Dancyville, Tenn. Circumcision for redundant prepuce. Silk sutures used; very good union was secured; stitches removed on the fourth day.

CASE NO. 42.—*Trachelorrhaphy*. Mrs. J. H. L., age 22, Huntsville, Ala. Entered December 31, 1896; dismissed May 2, 1897.

Entered Infirmary for confinement with first child. Labor February 16th. Instrumental delivery attempted, but unsuccessful, and version accomplished. No laceration of external parts, but extensive bilateral tear of cervix. Cervix repaired by operation six weeks after delivery with silkworm sutures under A. C. E. mixture, and a perfect result obtained.

CASE NO. 44.—*Artificial Hypospadias*. T. J. E., age 29, Goodlettsville, Tenn., returned for the relief of hypospadias produced by the removal of tumors from the corpus spongiosum, which destroyed the floor of the urethra to the extent of two and a half inches, from the junction of the penis and scrotum to the perineum. The operation was performed after the method of Anger. The first flap was sutured to the underlying tissue at the base of the second flap, completing the floor of the urethra. A catheter was introduced into the bladder through a small incision in the perineum, thus leaving the field of operation free from urine. The catheter was retained until healing was complete. A perfect result was obtained.

CASE NO. 45.—*Rectal Abscess*. Miss J. McC., age 49, resident of Davidson County, Tenn. Entered January 14, 1897; dismissed February 8, 1897.

Large abscess of ischio-rectal fossa, which was treated by free incision under A. C. E. mixture, and packing with iodo-form gauze. The cavity contracted slowly, but was closed by the time she was dismissed without leaving a fistulous track. Patient dismissed greatly improved locally and generally.

CASE NO. 47.—*Stone in the Bladder; Medio-Bilateral Lithomy.* J. A., age 17, resident of Wilson County, Tenn. Entered January 29, 1897; dismissed February 16, 1897.

Symptoms of vesical calculus for six or eight years. General health greatly reduced. The searcher, with the patient anæsthetized, at once came in contact with the stone, and manipulation with that instrument showed that the stone was nearly the size of a walnut. After three days of preparatory treatment, the patient was anæsthetized with A. C. E. mixture, and medio-bilateral lithotomy performed. An oxalate of lime calculus, ovoid in shape, weighing an ounce and a half, was removed. Very little hemorrhage, but a large sized rubber tube was carried through the wound into the bladder, and a loose packing of gauze placed around it. Tube and packing were removed in twenty-four hours. The wound healed rapidly, the patient passing water *per vias naturales* in ten days. Recovery complete.

CASE NO. 46.—*Laceration of Perineum.* Mrs. B. O., age 30, resident of Lebanon, Tenn. Entered January 25, 1897; dismissed February 13, 1897.

Prolapsus uteri, hypertrophic endometritis from a partial laceration of cervix. Laceration repaired after the method of Doleris with silkworm sutures. Result good.

CASE NO. 49.—*Fistula from Gun-shot Wounds.* J. R., age 30, Franklin, Tenn. Entered February 10, 1897; discharged March 25, 1897.

Had been shot in the left gluteal region, the ball had been removed, but the wound refused to heal. Examination with probe disclosed necrosed bone. The sinus was enlarged by incision and the surface of the ilium freely curetted. The wound was packed with gauze, and filled very slowly.

CASE NO. 50.—*Abscess of the Os Calcis.* R. W. J., age 32, Franklin, Ky. Entered February 11, 1897; discharged February 22, 1897.

This patient had been unable to bear his weight on his foot for several years, and suffered intensely at night. An effort had been made to reach the seat of trouble from the side of the foot, but this failed to give relief. An incision was made encircling the heel, and the flap turned down, thus exposing the under surface of the bone, which was roughened considerably; this rough bone was scraped off with a curette, and an opening was made with the chisel. The square of bone was loosened and removed, disclosing the abscess cavity, which was curetted until healthy bone was reached. The cavity was packed with tow and balsam of Peru. The cavity in the bone filled slowly, and in three weeks the patient returned home, having suffered much less from the wound than he was accustomed to suffer continually before. The patient is now entirely well.

CASE NO. 51.—*Fistula Through Cicatrix After Laparotomy.* J. A. W. C., age 31, Glenn Cliff, Tenn. Entered February 13, 1897; discharged February 15, 1897.

Laparotomy had been performed last season for cystic ovary; found tubercular peritonitis. A glass drainage tube was used; removed on the second day; a pelvic abscess formed and discharged through the wound. The fistula continued to discharge. A counter opening was made through the vagina, and a drainage tube carried through the fistula. The tube was drawn down after a few days, and the fistula closed superficially. The fistula, established into the vagina, still discharges.

CASE NO. 52.—*Cervical Adenitis.* Mrs. S. D., age 31, Nashville, Tenn. Entered February 14, 1897.

Enlarged glands of front and side of neck. The glands were enucleated by three separate incisions, which were drained by wisps of gauze, and closed with silkworm-gut sutures. The wounds healed rapidly without pus.

Case No. 56.—*Symmetrical Cold Abscesses.* W. H., age 42, Cheap Hill, Tenn. Entered February 27, 1897; discharged April 3, 1897.

The patient had suffered a great deal with his back about ten years ago, and showed a marked kyphosis. These abscesses appeared about a year ago, showing first at the lower margin

of the gluteus maximus muscles, and, increasing slowly in size, they moved around the thigh so as to occupy the external aspect. The left one, the larger, was opened freely, and thoroughly curetted, then packed with gauze. The right one was evacuated with a large trocar, and the cavity irrigated; then iodoform emulsion was injected into the cavity. The left side discharged a thin, purulent fluid, but in no great quantity, but the patient lost strength rapidly. On careful tonic treatment, he recovered sufficient strength to walk about, and insisted on returning home.

CASE NO. 57.—*Internal Urethrotomy*. W. L. A., age 65, Crossville, Tenn. Entered February 27, 1897; discharged March 8, 1897.

Stricture of urethra of long standing. Internal urethrotomy was done, and dilatation kept up some time with sounds. The patient was greatly relieved.

CASE NO. 58.—*Epithelioma of Lip*. R. H., age 71, Davidson County, Tenn. Entered March 5, 1897.

The growth occupied the outer third of the lower lip. Cocaine was used to anesthetize the part, and, the lip being held by an assistant, incisions were carried from the margin of the lip to the lower margin of the chin, rendering a V shaped section. One hare-lip pin and several sutures of iron-dyed silk were used to close the wound. The wound healed nicely, and the deformity, which was slight, has now entirely disappeared.

CASE NO. 61.—*Malignant Stricture of the Œsophagus*. J. P., age 57, City. Entered March 12, 1897; discharged March 28, 1897.

This patient had been suffering, he thought, from stomach trouble; was continually vomiting his food, but gradually found it more difficult to swallow; the examination with a bulbous bougie disclosed a stricture near the cardiac orifice; hemorrhages were frequent. Gastrostomy was proposed, but was refused. Dilatation was practiced with only temporary relief. Died in a few weeks after he left the Infirmary from exhaustion.

CASE NO. 62.—*Laceration of Cervix; Trachelorrhaphy*. Mrs. C. C., age 26., Huntsville, Ala. Entered March 9, 1897;

discharged April 28, 1897. Multiple laceration from last confinement.

The patient had been operated on some months before by house physician, with only partial success. Operation March 19th, under A. C. E. anæsthesia. Sutures of silkworm-gut inserted on both sides of the cervix. Stitches removed on the 10th day, and the patient returned home, April 28th, only partially relieved. Reports received subsequently show decided improvement. In this case the silkworm-gut sutures were secured by Aveling's coils and perforated shot.

CASE NO. 63.—*Stricture of the Rectum.* Mrs. W., age 30, resident of Nashville. Entered March 11, 1897; dismissed the following day. Linear stricture of rectum located about an inch and a half from anus; small recto-vaginal fistula ulcer in posterior segment of anal circle. Under A. C. E. anæsthesia dilatation accomplished, linear rectotomy, and cauterization with electro cautery of the ulcer. Systematic dilatation with rectal bougies conducted afterwards, and the patient greatly improved.

CASE NO. 64.—*Osteo-myelitis; Amputation of Thigh.* S. A. A., age 50, Edgewood, Tenn. Entered March 15, 1897; dismissed April 19, 1897.

The leg had been amputated at the point of election, but the stump of tibia was attacked by osteo-myelitis. Amputation was done at the lower third of thigh by transfixion, using buried sutures of cat-gut and silkworm-gut to close the wound without drainage. The dressings were not disturbed until the tenth day, when the dressing dropped off; the stitches were removed, and the stump redressed. Union was perfect.

CASE NO. 65.—*Scrofulous Abscess of Shoulder.* Roy S., age 2, resident of the city. Admitted March 14, 1897. Large scrofulous abscess of shoulder-joint. Incised, under A. C. E. mixture, and drained with rubber tubes. Subsequent progress satisfactory.

CASE NO. 66.—*Amputation of Cervix.* Mrs. I. T., age 38, Fayetteville, Tenn.; mother of three children. Entered March 15, 1897; dismissed April 19, 1897. Stellate laceration of cervix of many years standing. The patient was very nervous and debilitated. She was placed on preparatory treatment, and

on March 18th the operation was performed by the wedge shaped incisions, carried wide of the extensive erosion. Silk-worm-gut sutures were used, and the lips of the wound approximated well. The vagina was packed with iodoform gauze. The temperature and pulse remained normal throughout. Stitches were removed on the eighth day, and the patient discharged well on April 19, 1897.

CASE NO. 69.—*Vesico-Vaginal Fistula*. Mrs. M. E. M., age 40, Cheap Hill, Tenn. Entered March 30, 1897; dismissed June 21, 1897. Vesico-vaginal fistula, involving the first portion of the urethra. The margins of the fistula were pared on the intra-vesical spud, which was introduced through the previously dilated urethra. Silkworm-gut sutures were used, being secured by the Aveling coils and perforated shot. Healing was good except at one of the stitch holes, through which small opening urine escaped by drops. This was cauterized with the electro-cautery, after which it healed promptly.

CASE NO. 70.—*Complete Perineal Laceration*. Mrs. A. W. N., age 32, resident of Nashville. Admitted April 1, 1897; dismissed April 26, 1897. Perineal tear of ten years' standing, extending an inch and a half up the recto-vaginal septum. Incontinence of feces. Miscarriage at three months, about six weeks before admission. Operation under A. C. E. mixture April 6th. Rectal tear closed with buried chromatinized cat-gut sutures. Silk-worm-gut sutures employed for external parts. Ends of sphincter exposed by careful dissection, accurately approximated. Sutures removed on the twelfth day and the union found perfect. Bowels acted daily without trouble, the sphincter action having been completely restored. Operation a brilliant success.

CASE NO. 73.—*Traumatic Epilepsy; Amputation of Thumb*. Miss B., age 26, Watertown, Tenn. Entered April 9, 1897; dismissed May 1, 1897. Epilepsy, dating back to entrance of needle into the thumb eighteen months previously. Needle removed by operation, and afterwards the thumb amputated at distal joint without benefit. Under A. C. E., amputation at metacarpo-phalangeal joint was effected. Healing typical, no amelioration of epilepsy, which persisted, though recurring at longer intervals after she reached home.

CASE NO. 72.—*Perineorrhaphy and Trachelorrhaphy*. Mrs. C. B., age 23, resident of East Nashville. Entered April 11, 1897; dismissed April 29, 1897.

Bilateral cervical tear and partial laceration of the perineum in first labor. Under A. C. E. anæsthesia, cervix repaired by trachelorrhaphy and perineal tear closed after Doléris' method. Cervical wounds healed, but the perineal operation was only partially successful, owing to too great retraction with speculum in taking out the stitches.

CASE NO. 75.—*Melanotic Sarcoma*. F. M. R., age 33, Nashville, Tenn. Entered April 13, 1897; dismissed April 21, 1897.

An ulcerating melanotic sarcoma had been removed last season, and the tissue for several inches around cleared of pigmented lymphatic glands, a large space being left to heal by granulation. Several nodules were found at the margin of the cicatrix, enlarged glands in the axilla and several isolated nodules scattered over the back. These were all removed by free dissection and the wounds closed. The wounds all healed nicely. At the present writing there are several pigmented nodules in the vicinity of the old cicatrix.

CASE NO. 76.—*Alexander's Operation for Retroversion*. Mrs. G. S., age 21, Princeton, Ky. Entered April 18, 1897; dismissed July 14, 1897. Patient's condition very bad on admission. After a course of tonic treatment, the uterus was thoroughly curetted and packed, with marked improvement of general health. May 30th, under A. C. E. anæsthesia, Alexander's operation for shortening round ligaments was done. Ligaments easily found and drawn out several inches on both sides. While adjusting the right ligament after Cleveland's method, the left slipped out of forceps and retracted within abdomen. After a short ineffectual search it was thought better to leave it than to open the abdomen. Both wounds became infected and suppurated slightly, but the right ligament held.

CASE NO. 77.—*Fistula in Ano*. J. G. H., age 48, Culleoka, Tenn. Entered April 19, 1897; dismissed May 7, 1897.

Numerous fistulæ in the perineum, all of which were anterior to the anus. These fistulous tracts were opened into one, and the sphincter divided at one point only. They were then

thoroughly curretted and packed with gauze. Healing took place rapidly.

CASE NO. 79.—*Ovariectomy*. Mrs. P. M., age 23, from Sumner County, Tenn. Entered April 21, 1897; died April 30, 1897. Ovarian tumor of right side. Patient evidently suffering from sepsis on admission. Coeliotomy revealed a broken down multilocular cyst weighing about sixteen pounds, which was removed piece-meal. All conditions following operation were favorable, no nausea, bowels moved, no discharge through drainage tube, but the septic condition was unchanged and patient died on fifth day.

CASE NO. 81.—*Double Hare-Lip*. Ester E., age 8 months, from Coopertown, Tenn. Entered April 26, 1897, and dismissed the same day. Double hare-lip, with slight anterior palatal cleft. Under chloroform, the edges were brought together with hare-lip pins and silk sutures. Result good.

CASE NO. 80.—*Specific Buboes*. E. J., age 27, Scottsville, Ky. Entered April 22, 1897; dismissed May 11, 1897. This patient had acquired syphilis and had neglected treatment. An examination showed a large chancre still in existence, although the skin eruption was well developed. There were also buboes in each groin. Circumcision was done, using interrupted cat-gut sutures. The buboes were thoroughly dissected out and the wounds packed with gauze. The patient was placed on mercurial treatment and the eruption faded after a few days. The stitches closing the circumcision wound all sloughed out, but union had taken place between them. The wounds in the groins healed rapidly by granulation.

CASE NO. 82. *Recurrent Appendicitis*. Walter W., age 18, Bean's Creek, Tenn. Entered April 29, 1897; dismissed May 18, 1897.

The patient had had several attacks, and the operation was done in the interval. An incision of two inches was made over McBurney's point and the peritoneum opened. The appendix was easily found, and having been ligated, was removed. It was very much thickened, enlarged at one point and contained a little pus. The wound was closed with silkworm-gut sutures, and union was perfect. The patient recovered without any untoward symptoms.

CASE NO. 83.—*Aneurism of the Femoral Artery in Hunter's Canal*.—J. B., age 47, Nashville. Entered May 3, 1897; dismissed July 25, 1897.

Had suffered great pain from a swelling on the inner aspect of the thigh which had existed for several months. Having a history of specific disease his friends advised him to visit Hot Springs, Ark., where he took the baths, massage and treatment faithfully. Growing continually worse he returned to Nashville and entered the Infirmary, his pulse at the time being 120, temperature $100\frac{3}{8}^{\circ}$. Examination disclosed a tumor of large size occupying the middle and lower third of thigh on the inner side, the leg and foot were œdematous and pulseless. No pulsation of the tumor could be detected. The tumor gave an indistinct sense of fluctuation. There was no expansile pulsation on palpation, and auscultation was negative. An exploratory incision was made to determine the advisability of amputation. There escaped from the incision a thin, dark, bloody fluid, which was easily controlled by a gauze compress. After a rest of two days pulsation became evident, thus removing all doubt as to diagnosis. The operation, however, was delayed with the hope of building up the patient, who was greatly exhausted from the former treatment, traveling and suffering. The patient slowly regained strength for two weeks when his temperature rose to 104° , pulse 140. Operation was done May 16. The femoral artery was secured at the apex of Scarpa's triangle by silk ligature; it was placed low so as to be more certain of collateral circulation through the profunda branch. The artery having been secured and the wound protected with a gauze compress, a free incision into the sac was made; there was considerable hemorrhage, which could not be controlled until the partially organized laminated clots had been removed. These were removed rapidly by the fingers of the operator, and the bleeding points found and ligated. The sac and contents had undergone putrefaction, the odor being very offensive. The femur was bared for the extent of six inches. The wound was thoroughly irrigated with a bichloride solution and packed with gauze. The ligature wound was closed with silkworm-gut sutures and both wounds quickly dressed. The patient was removed

to his room and hypodermoclysis resorted to. A quart or more of normal saline solution was injected beneath the skin of the thigh, and was slowly absorbed. The temperature dropped to 100° in the first twenty-four hours, pulse to 120. The wound required frequent dressing on account of the putrid condition of the sac, large sloughs being removed at each dressing. The patient was much exhausted, delirious for several days, very nervous, jerking and twitching. Stopped the use of iodoform gauze, substituting bichloride after which he slept better, but still jerked for several days and perspired very freely. The circulation in the leg was slowly reestablished and the œdema disappeared, the wound was some time being cleared of slough, became more healthy and the bared bone showed a few granulations which spread and eventually covered the bone, quite a number of exfoliations being thrown off. The patient has no feeling whatever in the foot, and at this date is still unable to employ the extensor muscles of the leg. Whether this is due to injury from pressure or to fatty degeneration of the muscles is as yet undetermined.

CASE NO. 84.—*Pelvic Abscess.* Mrs. S. P., age 25, from Antioch, Tenn. Entered May 3, 1897; dismissed May 22, 1897. Pelvic abscess discharging through the rectum. Patient's condition exceedingly bad. Under A. C. E. mixture an attempt was made to reach the abscess cavity through vaginal incision, but failed. Patient refused to have abdominal section performed and returned home unrelieved.

CASE NO. 85.—*Circumcision.* C. H. S., Dickson, Tenn. Entered May 5, 1897; dismissed May 13, 1897. Suffered severely from balanitis; prepuce redundant.

Cocaine was used to anæsthetize the part, and a ligature placed at the root of the penis. The redundant prepuce was removed and the mucous membrane stitched to the skin with silk. Hemorrhage occurred on the second day, necessitating the removal of several stitches to remove the clots; this done, the parts were again secured with cat-gut sutures. Union took place promptly.

CASE NO. 88.—*Chronic Appendicitis.* C. H. C., age 37, Decatur, Ala. Entered May 13, 1897; dismissed June 1, 1897. Had suffered with two attacks of appendicitis. The appendix was palpated with difficulty, but was very sensitive.

An incision of two inches was made and the peritoneum was opened. The appendix was found without difficulty, ligated and removed. The wound was closed with silkworm-gut sutures. The appendix had become reduced to a fibrous cord for an inch at the middle portion, and its cavity obliterated, the outer end was swollen somewhat, and contained some fluid not purulent. The patient made a good recovery.

CASE NO. 90.—*Sebaceous Cyst of Face*. S. W. W., age 39, Columbia, Tenn. Entered May 15, 1897; dismissed May 15, 1897.

A sebaceous cyst the size of a hazel-nut situated in the parotid region. An incision was made into the sac, which was removed by dissection. The wound was closed with chromatized cat-gut, and healed without accident.

CASE NO. 93.—*Internal Hemorrhoids*. W. R., age 38, Mt. Pleasant, Tenn. Entered May 20, 1897; dismissed June 12, 1897.

Under A. C. E., dilatation of rectum was accomplished, and three small hemorrhoids ligated. Ligatures came away on the eighth day. Patient entirely relieved.

CASE NO. 94.—*Acute Appendicitis*. W. A., age 21, resident of Nashville, Tenn. Entered May 20, 1897; dismissed May 29, 1897.

The patient had his first attack of acute appendicitis several days before admission, and was sent to the Infirmary for operation. Condition improved so rapidly that it was thought best not to operate, and the patient was discharged, with the understanding that operation would be done should he have another attack. The tumor, when the patient left the Infirmary, had markedly subsided, but the swollen appendix could be easily palpated.

CASE NO. 96.—*Perineorrhaphy*. Mrs. D. L., age 32, resident of the city. Entered May 22, 1896; dismissed June 21, 1896.

Prolapsus uteri, endometritis, hypertrophy with coincident symptoms; partial laceration of the perineum. Under A. C. E. mixture, curettage of the uterus was done, and the perineal laceration repaired by Doleris' method, using silkworm-gut sutures secured by coils and clamped shot. Result perfect.

CASE No. 99.—*Phlegmonous Erysipelas of Ankle*. G. D., age 23, Waverly Place, Tenn. Entered June 2, 1897; dismissed July 3, 1897.

This patient noticed that his shoe rubbed the instep, but continued his work that day. On retiring, he found a red spot on his left instep, which became more and more painful through the night. The redness spread rapidly and assumed a darker hue. In two or three days the foot was greatly swollen and the original spot was black. The doctor made free incisions for the escape of fluids, taking every antiseptic precaution; but the skin continued to slough until the whole dorsum, ankle and the lower half of the leg were involved, the skin being detached from the underlying tissues. His general condition could be described as irritative asthenic fever. It was thought amputation would be necessary, and he was brought to the Infirmary for that purpose, but showed such marked improvement in his general condition that delay was advised. Incisions were made to prevent the accumulation of the discharge, which was profuse. As the patient's general condition improved, the ulcer cleaned nicely, and began to assume a healthier appearance, and in a short time was covered with healthy granulation. As soon as there showed on the margin new skin, small grafts were placed in the centre of the ulcer around the external malleolus. Five grafts in all were applied; the two first applied survived, and are spreading rapidly. Some deformity will no doubt exist when cicatrization is completed.

CASE No. 100.—*Cervical Adenoma*. J. R. G., age 39, Arlington, Ky. Entered June 3, 1897; dismissed June 12, 1897.

This patient had a cluster of enlarged gland on the right side of the neck along the anterior border of the sterno-cleido-mastoid muscle. An oblique incision parallel to the wrinkles of the neck was made, and the mass enucleated. The wound was closed with drainage. Healing took place promptly.

CASE No. 101.—*Internal Hemorrhoids*. J. D. S., age 21, Waterview, Ky. Entered June 3, 1897; dismissed June 25, 1897.

The patient presented symptoms of vesical irritation and internal hæmorrhoids. Under A. C. E. mixture, the bladder

was sounded for stone with negative result. After an interval of a week, during which the bladder was irrigated with boracic acid with great relief of the bladder symptoms, the patient was again anæsthetized, the rectum dilated, and the hemorrhoids ligated.

CASE NO. 103.—*Mammary Tumor*. L. T., age 30, Waverly, Tenn. Entered June 11, 1897; dismissed June 21, 1897.

There was a tumor the size of a hen egg in the lower part of the right breast. This was removed through a transverse incision, and the wound thus made closed with cat-gut; a rubber drainage-tube was used, and was removed on the second day. The wound healed without accident.

CASE NO. 104.—Mrs. R. J. M., age 36, Little Rock, Ark. Entered June 15, 1897; dismissed July 21, 1897. Prolapsus uteri, partial perineal laceration.

The patient had been wearing a McIntosh uterine supporter for several years. Under A. C. E. mixture, Doleris' operation for repairing the perineum was done, the result being good. The patient was entirely relieved, being able to get about without the aid of any artificial support.

CASE NO. 105.—*Carcinoma of Breast*. Mrs. A. E. E., age 29, Huntsville, Ala. Entered June 18, 1897; dismissed July 3, 1897.

There was a hard nodulated mass and the nipple was retracted and tilted to one side. The breast was removed by a long incision carried well into the axilla, and all the glands removed. The wound was closed with silkworm-gut sutures, a rubber drainage tube having been introduced and carried through a counter opening in the axillary line; this was removed the second day. The stitches were removed on the tenth day.

CASE NO. 112.—*Circumcision*.—J. F. A., age 22, Crownville, Tenn. Entered January 20, 1897; dismissed January 20, 1897.

Circumcision was done on account of a redundant prepuce and balanitis. The usual operation was done, silk being used to suture the mucous membrane to the skin. Union was good, and the stitches were removed on the fifth day.

